

VIRGINIA DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

**ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS) USER
MANUAL FOR
THE OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME)
&
LOCAL MEDICAL EXAMINERS**

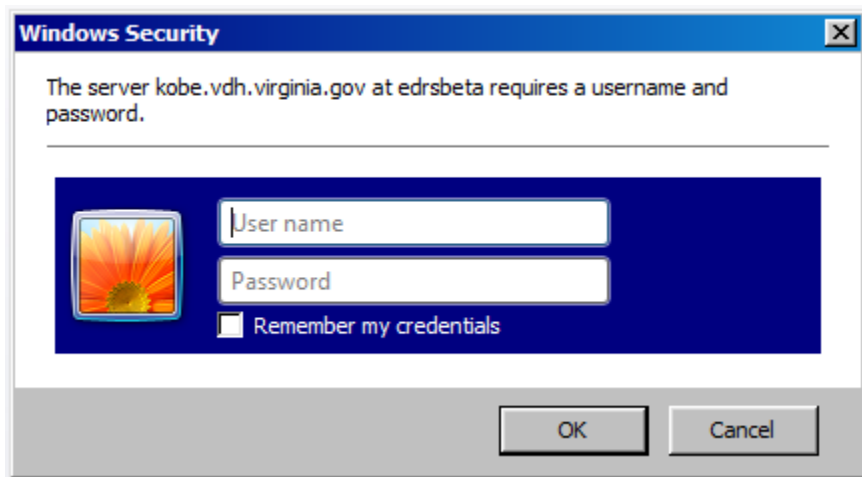
Contents

1. GETTING INTO THE EDRS	2
2. THE BASICS	4
2.1. THE NAVIGATION BAR -	4
2.2. SETTING USER PREFERENCES –	5
3. HOW TO CREATE A CASE?	6
3.1. BEGIN CREATION.....	6
3.2. PLACE OF DEATH. –	9
3.3. DETERMINATION OF DEATH	12
3.4. CAUSE OF DEATH	13
3.4.1. VIEWS (CDC) CAUSE OF DEATH VALIDATION.....	14
3.4.2. OTHER FACTORS.....	15
4. REQUESTING MEDICAL CERTIFICATION	17
5. MEDICAL CERTIFICATION (DIGITAL SIGNATURE)	18
5.1. ACCEPTING A CASE.....	18
5.2. DIGITAL SIGNATURES	20
6. ASSIGNING A CASE TO A FUNERAL HOME	21
7. RELEASE DECEDENT	23
8. DROP TO PAPER	25
9. E-AMENDMENTS	26
10. CREMATION APPROVAL	31
11. CREMATION RECONCILIATION.....	33
12. OCME REFERRALS	35
13. LOCAL MEDICAL EXAMINERS	37

1. GETTING INTO THE EDRS

STEP 1.

Once you have launched the EDRS using the URL provided to you, you will see a pop-up box to enter your username and password to log in to the application. (See illustration below)



Enter your username and password and click OK.

STEP 2.

You may view your messages in the inbox displayed on the resulting screen. Click continue to navigate to the next screen.



Virginia Vital Events And Screening Tracking System

New Messages

Please check the box to acknowledge each message and click Continue button to continue to the application

	From	Subject	Date Received
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Case No. 431 has been accepted by BON SECOURS ST. MARY'S HOSPITAL	07/10/2014
	Case No. 431 for CARL GALLUP has been accepted by BON SECOURS ST. MARY'S HOSPITAL. Please view your active cases list to monitor the most recent status of this case.		
<input type="checkbox"/>	Stmary_Ph_1, Stmary_Ph_1 (BON SECOURS ST. MARY'S HOSPITAL)	Medical Certification completed for Case No. 431	07/10/2014
	Dr. STMARY_PH_1, STMARY_PH_1 has certified the Case No. 431 for CARL GALLUP.		
<input type="checkbox"/>	Diman, Krystina (MORRISSETT FUNERAL HOME AND CREMATION SERVICE)	Out of State Transit Permit approval Requested for Case No. 95	07/10/2014
	MORRISSETT FUNERAL HOME AND CREMATION SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 95 for CHRISTY COLES. The permit is now available for your review.		
<input type="checkbox"/>	Totman, Jane (METROPOLITAN FUNERAL SERVICE INC.)	Out of State Transit Permit approval Requested for Case No. 327	07/10/2014
	METROPOLITAN FUNERAL SERVICE INC. has submitted an Out of State Transit Permit for your approval for Case No. 327 for KHAL DROGO. The permit is now available for your review.		
<input type="checkbox"/>	Vr_User_1, Vr_User_1 (VITAL RECORDS)	State File Number assigned for Case No. 431	07/10/2014
	A State File Number has been assigned to Case No. 431 for CARL GALLUP by the Division of Vital Records		
<input type="checkbox"/>	Baker, Tyra (CHINN FUNERAL SERVICE)	Out of State Transit Permit approval Requested for Case No. 440	07/10/2014
	CHINN FUNERAL SERVICE has submitted an Out of State Transit Permit for your approval for Case No. 440 for SAMUEL BELL. The permit is now available for your review.		





[HELP](#)


EBLNML


STEP 3.


The resulting screen is the Virginia Vital Events and Screenings Tracking System Screen and may include various modules. Based on your role, you will only have access to the EDRS. Click on the EDRS link to continue.







Virginia Vital Events And Screening Tracking System

**Birth Certificate Reporting**

**Certifiable**

**Correspondence Tracking System**

**Virginia Infant Screening and Infant Tracking System**

**Electronic Death Registration System** **Maintenance**


[Messages\(6New\)](#) [Password Reset](#) [Application Assistant](#) [Logout](#)

If you need VDH application support, please send your request via email to vim_webappshelp@vdh.virginia.gov or call us at 804-864-7200 and select option 2, FAX - 804-864-7155.

Warning: This system is for official Virginia Department of Health use and may only be accessed by users that are currently authorized by the Division of Vital Records and Division of Child and Adolescent Health. Unauthorized use, access or modification of this system or any data stored within is a criminally prosecutable offense. Any attempts at unauthorized access or data editing are logged and strictly prohibited. All usage of this system is monitored and audited, and, by accessing this system, all users consent to these activities.

[HELP](#) FRXVIT

The resulting screen is the **EDRS Home screen**.



Electronic Death Registration System

User: Cent_ML_Inv_1 Cent_ML_Inv_1(CENT_ML_INV_1)
Facility: OCME - Central District

Death Registration Menu

- Create Case
- Active Cases
- Completed Cases
- Release Decedent
- Cremation Reconciliation
- OCME Referrals
- Reports/Extracts
- User Preferences
- Message Center(32)
- EDRS Menu
- VVESTS Menu
- Logout

Recent Active Cases-(OCME_STAFF, OCME_DIS)

Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
464	RB - OCME	JOHN, GRISHAM	MALE	03/19/1981	05/05/2014	OCME - CENTRAL DISTRICT	Case Creation
384	RB - OCME	ANNE, BOLEYN	FEMALE		04/24/2014	A.L. BENNETT & SON FUNERAL HOME, INC.	Personal Information Sign - Requested
383	RB - OCME	DAYE, LONG	FEMALE		04/24/2014	OCME - CENTRAL DISTRICT	Medical Certification Requested
365	RB - OCME	JACKIE, SMITH	FEMALE	05/31/1926	01/01/2014	VIRGINIA STATE ANATOMICAL PROGRAM	Personal Information Sign - Requested
324	RB - Other Dist OCME	MARTHA, JONES	FEMALE		01/01/2014	OCME - CENTRAL DISTRICT	Dropped to Paper
292	RB - Other Dist OCME	PIG, PEN	MALE		04/15/2014	OCME - TIDEWATER DISTRICT	Medical Certification Requested
290	RB - OCME	PEPPERMINT, PATTY	FEMALE		04/15/2014	HAMLAR-CURTIS FUNERAL HOME, INC.	Personal Information Completion In-progress
283	RB - Other Dist OCME	SANSA, STARK, JONES	FEMALE		04/15/2014	OCME - NORTHERN DISTRICT	Medical Certification Requested
268	RB - OCME	IRON, MANN	MALE		04/13/2014	SMITH, O. H. & SON FUNERAL HOME, INC.	Personal Information Completion In-progress
267	RB - OCME	MARCO, SMITH	MALE		04/15/2014	WOODY (CENTRAL) FUNERAL HOME	Personal Information Sign - Requested

1 - 10 of 55 Click Active Cases for Complete list

Local Medical Examiner Cases

Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
385	RB - Other Dist LME (View at District)	HENRY, REX	MALE		04/24/2014	NORT_LME_1 (OCME - NORTHERN DISTRICT)	Medical Certification Requested
382	RB - Other Dist LME	JACOB, BLACK	MALE		04/24/2014	NORT_LME_1 (OCME - NORTHERN DISTRICT)	Medical Certification Requested
381	RB - LME	ESME, CULLEN	FEMALE		04/24/2014	WOODY (CENTRAL) FUNERAL HOME	Personal Information Sign - Requested
380	RB - LME	BELLA, SWAN	FEMALE		04/24/2014	WOODY (CENTRAL) FUNERAL HOME	Personal Information Sign - Requested
379	RB - LME	EDWARD, CULLEN	MALE		04/24/2014	CENT_LME_1 (OCME - CENTRAL DISTRICT)	Medical Information Certified
371	RB - LME (View at Dist)	OSCAR, GROUCH	MALE		04/21/2014	CENT_LME_2 (OCME - CENTRAL DISTRICT)	Medical Certification Requested
345	RB - Other Dist LME	HER, MANN	MALE		04/17/2014	NORT_LME_1 (OCME - NORTHERN DISTRICT)	Medical Certification Requested
344	RB - Other Dist LME (View at District)	CARL, GRIMES	MALE		04/17/2014	NORT_LME_1 (OCME - NORTHERN DISTRICT)	Medical Certification Requested
337	RB - Other Dist LME (View at District)	LUANN, DELANEY	FEMALE		04/09/2014	TIDE_LME_1 (OCME - TIDEWATER DISTRICT)	Medical Certification Requested
335	RB - Other Dist LME	JOHN, TELLER	MALE		12/01/2013	TIDE_LME_1 (OCME - TIDEWATER DISTRICT)	Medical Certification Requested

1 - 10 of 71 Click Active Cases for Complete list

2. THE BASICS

2.1. THE NAVIGATION BAR -

To the left of the screen is the Navigation Bar which houses various links allowing you to move around in the system. This Navigation Bar is very dynamic in nature and will change from user to user based on what roles a user has. *(The illustration below depicts a typical navigation bar in the home screen for a MLDI.)*

Death Registration Menu
● Create Case
● Active Cases
● Completed Cases
● Release Decedent
● Cremation Reconciliation
● OCME Referrals
● Reports/Extracts
● User Preferences
● Message Center(32)
● EDRS Menu
● WESTS Menu
● Logout

2.2. SETTING USER PREFERENCES –

Click on the user preferences link in the navigation bar. On the resulting page, you may enter up to three e-mail addresses to receive notifications pertaining to cases in your facility. Also, you may choose the type of notifications you wish to receive.

Death Registration Menu	User Preferences
<ul style="list-style-type: none">• Create Case• Active Cases• Completed Cases• Release Decedent• Cremation Reconciliation• OCME Referrals• Reports/Extracts• User Preferences• Message Center (36)• EDRS Menu• VVESTS Menu• Logout	<p>This system is designed to help you keep informed of any changes related to death certificate cases you are involved by sending E-mail notifications</p> <p>If you would like to be notified of status changes related to your cases, please enter E-mail address(es)</p> <p>Primary E-mail Address: <input type="text"/> **</p> <p>Second E-mail Address: <input type="text"/></p> <p>Third E-mail Address: <input type="text"/></p> <p>UP TO THREE E-MAIL ADDRESSES</p> <p><input checked="" type="checkbox"/> When an assignee has accepted the case</p> <p><input checked="" type="checkbox"/> When an assignee has rejected the case</p> <p><input type="checkbox"/> When a Medical Examiner has relinquished ownership of your case</p> <p><input type="checkbox"/> When the Funeral Director has signed the demographics information</p> <p><input type="checkbox"/> When the Medical Certifier has signed the Medical Information</p> <p><input type="checkbox"/> When the case has been filed with DVR</p> <p><input type="checkbox"/> When the case has been assigned a State File Number</p> <p><input type="checkbox"/> When a Physician or an LME has referred a case to the OCME</p> <p><input type="checkbox"/> When you have been requested a cremation clearance.</p> <p><input type="checkbox"/> WHEN LME has referred A Cremation Referral TO THE OCME</p> <p><input type="checkbox"/> When VSAP has requested a cremation clearance</p> <p>TYPE OF NOTIFICATIONS</p> <p><input type="button" value="Save"/></p>

[EDIUEN](#)

3. HOW TO CREATE A CASE?

STEP 1.

3.1. BEGIN CREATION

All Red Border Death Certificates shall be created by Medico Legal Death Investigators (MLDIs) or Medical Examiners in the EDRS. To begin creating a case, click on the “create case” link in the left navigation bar.

The screenshot shows the EDRS interface with the 'Create Case' link highlighted in the left navigation menu. A red arrow points to the 'Create Case' link with the text 'CLICK HERE'. The main area displays a table of 'Recent Active Cases-(OCME_STAFF, OCME_DIS)'.

Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
384	RB - OCME	ANNE, BOLEYN	FEMALE		04/24/2014	A.L. BENNETT & SON FUNERAL HOME, INC.	Personal Information Sign - Requested
383	RB - OCME	DAYE, LONG	FEMALE		04/24/2014	OCME - CENTRAL DISTRICT	Medical Certification Requested
365	RB - OCME	JACKIE, SMITH	FEMALE	05/31/1926	01/01/2014	VIRGINIA STATE ANATOMICAL PROGRAM	Personal Information Sign - Requested
324	RB - Other Dist OCME	MARTHA, JONES	FEMALE		01/01/2014	OCME - CENTRAL DISTRICT	Dropped to Paper
292	RB - Other Dist OCME	PIG, PEN	MALE		04/15/2014	OCME - TIDEWATER DISTRICT	Medical Certification Requested
290	RB - OCME	PEPPERMINT, PATTY	FEMALE		04/15/2014	HAMLAR-CURTIS FUNERAL HOME, INC.	Personal Information Completion In-progress
283	RB - Other Dist OCME	SANSA, STARK, JONES	FEMALE		04/15/2014	OCME - NORTHERN DISTRICT	Medical Certification Requested
268	RB - OCME	IRON, MANN	MALE		04/13/2014	SMITH, O. H. & SON FUNERAL HOME, INC.	Personal Information Completion In-progress
267	RB - OCME	MARCO, SMITH	MALE		04/15/2014	WOODY (CENTRAL) FUNERAL HOME	Personal Information Sign - Requested
241	RB - Other Dist OCME	MYA, JONES	FEMALE		02/06/2013	OCME - NORTHERN DISTRICT	Medical Certification Pending (Relinquished)

1 - 10 of 54 Click Active Cases for Complete list

STEP 2.

All case creations must begin with a search for the decedent in the system. In order to do so, enter all information known about the decedent and click on query on the page resulting from the last step.

The screenshot shows the 'Decedent Search - New Case' form in the EDRS interface. The form includes fields for First Name, Middle Name, Last Name, Maiden Name, Date of Birth, Date of Death, Social Security Number, and a checkbox for 'Was the decedent born in Virginia?'. A red circle highlights the 'Query' button.

Decedent Search - New Case

Decedent

First Name: Middle Name:

Last Name: Maiden Name:

Date of Birth: Date of Death:

Social Security Number: Was the decedent born in Virginia?: ☐

EDQSN

STEP 3.

If no case was found matching your search criteria, click on the new case button at the bottom of the page.

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Electronic Death Registration System

User: Cent_ML_Inv_1 Cent_ML_Inv_1(CENT_ML_INV_1)
Facility: Ocme - Central District

Death Registration Menu

- Create Case
- Active Cases
- Completed Cases
- Release Decedent
- Cremation Reconciliation
- OCME Referrals
- Reports/Extracts
- User Preferences
- Message Center(32)
- EDRS Menu
- VVESTS Menu
- Logout

Decedent Search Results - New Case

VIRGINIA BORN BIRTH RECORDS

Registrant Name [First,Middle,Last]	Gender	DOB	POB	Mother Name [First,Middle,Last]	Father Name [First,Middle,Last]
Your search returned 0 records.					

All Decedent Cases - Search Results

Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
Your search returned 0 records.							

Query New Case **CLICK HERE**

[EDLSNC](#)

STEP 4.

Select the appropriate options to indicate who you are creating the case for.

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Electronic Death Registration System

User: Cent_ML_Inv_1 Cent_ML_Inv_1(CENT_ML_INV_1)
Facility: Ocme - Central District

Death Registration Menu

- Create Case
- Active Cases
- Completed Cases
- Release Decedent
- Cremation Reconciliation
- OCME Referrals
- Reports/Extracts
- User Preferences
- Message Center(32)
- EDRS Menu
- VVESTS Menu
- Logout

Decedent - New Medical Examiner Case

Please select one of the following options

☒ Are you creating a case for District Medical Examiner?

☐ Are you creating a case for Local Medical Examiner?

Are you creating this case for a district other than yours?

Will the Local Medical Examiner view the decedent at an OCME Location?

Continue Back to List

[EDIRBT](#)

STEP 5.

The decedent's demographic information is the responsibility of the Funeral Homes. Enter as much of the decedent's demographic information as you can, at a minimum you must enter the decedent's **First Name, Last Name, Gender, and the Date of Death**. Enter this information and click on the save button at the bottom of the page.

Electronic Death Registration System

Use: .ML_Inv_1 Cent_ML_Inv_1(CENT_ML_INV_1) me - Central District

Death Registration Menu

- Demographics
- Decedent Information
- Decedent Residence
- Decedent Personal Data
- Decedent Family
- Informant Data
- Disposition
- eSignature
- Request MC
- Medical Certification
- Case Validation
- Case Summary
- Case Comments
- Case Events
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

Decedent Information

First Name: JOHN Middle Name: Last Name: GRISHAM Maiden Name: Suffix:
Gender: Date of Birth: (mm/dd/yyyy) Date of Death: 05/05/2014 (mm/dd/yyyy) Was Decedent ever in Armed Forces?:
Also Known As (A. K. A): None
Age at Time of Death: Years If less than 1 year Months/Days If under 1 day Hours/Minutes
Place of Birth: US State of Birth Foreign Country of Birth
Social Security Number:
OR
Available None Unknown Not Obtainable
Save Undo

EDIDEC

STEP 6.

Click on the MEDICAL CERTIFICATION Link in the left navigation bar. This action will collapse the Demographic Grouping of links and expand the Medical Certification Grouping of links. (See illustration on Right)

NOTE – If you have created the case as a Medical Examiner, and wish to perform medical certification on that case, you must first assign the case to the medical examiner's pool, and then accept it from that pool.

Electronic Death Registration System

Use: .ML_Inv_1 Cent_ML_Inv_1(CENT_ML_INV_1) me - Central District

Death Registration Menu

- Demographics
- Medical Certification
- Place of Death
- Determination of Death
- Cause of Death
- Other Factors
- Certification
- Assign to Funeral Home
- Case Validation
- Case Summary
- Case Comments
- Case Events
- Preview Certificate
- Create/Print Forms
- EDRS Menu
- Logout

Decedent Information

First Name: JOHN Middle Name: Last Name: GRISHAM Maiden Name: Suffix:
Gender: Date of Birth: (mm/dd/yyyy) Date of Death: 05/05/2014 (mm/dd/yyyy) Was Decedent ever in Armed Forces?:
Also Known As (A. K. A): None
Age at Time of Death: Years If less than 1 year Months/Days If under 1 day Hours/Minutes
Place of Birth: US State of Birth Foreign Country of Birth
Social Security Number:
OR
Available None Unknown Not Obtainable
Save Undo Next

Expanded list of links under medical certification

STEP 7.

- Click on the Place of Death link in the left navigation bar. (See *Illustration to the right*)
- This action will navigate you to the PLACE OF DEATH screen shown below.



3.2. PLACE OF DEATH. –

- Begin by selecting the Place of Death from the dropdown list activated by clicking on the little arrow in the gray box.

Place of Death:

Facility Name:

Address of the place of death:

Check here if Decedent Home: ☐

Complete US Address: ☐

Street Number: Pre-D

IF DEATH OCCURRED IN A HOSPITAL

- DEAD ON ARRIVAL
- INPATIENT
- EMERGENCY ROOM/OUTPATIENT

IF DEATH NOT OCCURRED IN A HOSPITAL

- NURSING HOME
- HOSPICE
- LONG TERM CARE FACILITY
- DECEDENT'S HOME
- OTHER (SPECIFY)
- CORRECTION FACILITY

Now, click on the "L" at the end of the Facility of Death field.

Facility Name:

- This will generate a pop-up window with a list of all facilities which match the place of death category you selected in the prior step. (See Illustration below)

Facility LOV - Windows Internet Explorer provided by VA IT Infrastructure Partnership

Search criterion for Facilities:

%

List of Facilities	
Name	Address
1ST MEDICAL GROUP	77 NEALY AVE , LANGLEY AFB, VA 23665
633RD MEDICAL GROUP	77 NEALY AVENUE , HAMPTON, VA 23665
AATESTING HOSP	TSS , RICHMOND, VA 23294
ALLEGHANY REGIONAL HOSPITAL	P.O. BOX 7 , LOW MOOR, VA 24457
AUGUSTA MEDICAL CENTER	96 MEDICAL CENTER DRIVE , FISHERSVILLE, VA 22939
BEDFORD MEMORIAL HOSPITAL	1613 OAKWOOD STREET , BEDFORD, VA 24523
BIRTH CENTER OF BLUE RIDGE INC.	2120 ANGUS ROAD , CHARLOTTESVILLE, VA 22901
BIRTHCARE & WOMENS HEALTH CERTIFIED MID-WIVES	1501 KING STREET , ALEXANDRIA, VA 22314
BON SECOURS ST. FRANCIS MEDICAL CENTER	13700 ST. FRANCIS BOULEVARD , MIDLOTHIAN, VA 23114
BON SECOURS ST. MARY'S HOSPITAL	5801 BREMO ROAD , RICHMOND, VA 23226
BUCHANAN GENERAL HOSPITAL	ROUTE 5 BOX 20 , GRUNDY, VA 24614
CARILION FRANKLIN MEMORIAL HOSPITAL	180 FLOYD AVENUE , ROCKY MOUNT, VA 24151
CARILION NEW RIVER VALLEY MEDICAL CENTER	2900 TYLER ROAD , CHRISTIANSBURG, VA 24073
CARILION RADFORD COMMUNITY HOSPITAL	700 RANDOLPH STREET , RADFORD, VA 24141
CARILION ROANOKE COMMUNITY HOSPITAL	101 ELM AVE. SW , ROANOKE, VA 24029
CARILION ROANOKE MEMORIAL HOSPITAL	1906 BELLEVIEW AVENUE , ROANOKE, VA 24011
CARILION STONEWALL JACKSON HOSPITAL	1 HEALTH CIRCLE , LEXINGTON, VA 24450
CARILLON GILES MEMORIAL	1 TAYLOR AVENUE , PEARISBURG, VA 24134
CATAWBA HOSPITAL	5525 CATAWBA HOSPITAL DR , CATAWBA, VA 24070
CENTRAL STATE HOSPITAL	26317 WEST WASHINGTON STREET , PETERSBURG, VA 23803
CHESAPEAKE GENERAL HOSPITAL	736 BATTLEFIELD BLVD. NORTH , RICHMOND, VA 23225
CHESTERFIELD MEDICAL CENTER	1116 CHESTERFIELD AVE , CHESTERFIELD, VA 23832
CHILDRENS HOSPITAL OF KINGS DAUGHTERS	800 OLNEY ROAD , NORFOLK, VA 23507
CJW MEDICAL CENTER - JAHNKE ROAD	7101 JAHNKE ROAD , RICHMOND, VA 23225
CJW MEDICAL CENTER - JOHNSTON-WILLIS DRIVE	1401 JOHNSTON-WILLIS DRIVE , RICHMOND, VA 23235
CLINCH VALLEY MEDICAL CENTER	2949 WEST FRONT STREET , RICHLANDS, VA 24641
COLUMBIA RETREAT HOSPITAL	2621 GROVE AVENUE , RICHMOND, VA 23220
COMMONWEALTH CENTER FOR CHILDREN & ADOLESCENTS	1355 RICHMOND RD , STAUNTON, VA 24402
COMMUNITY MEMORIAL HEALTHCENTER	125 BUENA VISTA CIRCLE , SOUTH HILL, VA 23970

- Click a facility name to select the desired facility
- Wild card search - To perform a voluminous search, enter the first few letters of the desired facility name before the % sign in the "FIND" text box and click on find. For example – searching by BO% will return the following results

Facility LOV - Windows Internet Explorer provided by VA IT Infrastructure Partnership

Search criterion for Facilities:

BO%

List of Facilities	
Name	Address
BON SECOURS ST. FRANCIS MEDICAL CENTER	13700 ST. FRANCIS BOULEVARD , MIDLOTHIAN, VA 23114
BON SECOURS ST. MARY'S HOSPITAL	5801 BREMO ROAD , RICHMOND, VA 23226

- Once you have selected the desired facility, the corresponding address of the selected facility will be pre-populated in the address fields and these fields will be disabled for editing (*denoted by grey text*).

Address of the place of death

Check here if Decedent Home address is same as Decedent's Residence ☐

☒ Complete US Address ☐ Partial US Address

Street Number: Pre-Directional: Street Name: 13700 ST. FRANCIS BOULEVARD Street Suffix: Post-Directional: Apt #

Zip Code: 23114 City: MIDLOTHIAN State: Virginia Postal County: CHESTERFIELD COUNTY County (if other than postal):

Save Undo Next

Text is grayed out.

- Click on the save button at the bottom of the screen. Once saved, navigate to the next screen by clicking on NEXT at the bottom of the page or by using the link in the left navigation bar.

Death Registration Menu	Place of Death
▼ Demographics	<p>Changes are saved successfully</p> <p>Place of Death: <input type="text"/></p> <p>Facility Name: <input type="text"/></p> <p>Address of the place of death</p> <p>Check here if Decedent Home address is same as Decedent's Residence <input type="checkbox"/></p> <p><input checked="" type="radio"/> Complete US Address <input type="radio"/> Partial US Address</p> <p>Street Number: <input type="text"/> Pre-Directional: <input type="text"/></p> <p>Zip Code: 23114</p> <p>Save Undo Next</p>
▲ Medical Certification	
● Place of Death	
● Determination of Death	
● Cause of Death	
● Other Factors	
● Certification	
● Assign to Funeral Home	
● Case Validation	
● Case Summary	
● Case Comments	
● Case Events	
● Preview Certificate	
● Create/Print Forms	
● EDRS Menu	
● Logout	

CLICK HERE TO NAVIGATE TO THE NEXT SCREEN

STEP 8.

3.3. DETERMINATION OF DEATH

Enter all information in the Determination of Death Screen. This screen will allow you to enter the date and time of death as well as choose whether the date and time of death were - **actual, approximate, presumed, or found on.** (See illustrations below)

Determination of Death		Case#: 454; Decedent: GRISHAM,JOHN	
Date of Death: 05/05/2014 (mm/dd/yyyy)	Date of Death Modifier: Actual Date Of Death Approximate Date of Death Presumed Date of Death Date Found On	Time of Death: 12:00 AM	Time of Death Modifier:
Was Medical Examiner Contacted?: []			
Save Undo Previous Next			

[EDUDED](#)

Determination of Death		Case#: 454; Decedent: GRISHAM,JOHN	
Date of Death: 05/05/2014 (mm/dd/yyyy)	Date of Death Modifier:	Time of Death: 12:00 AM	Time of Death Modifier: Actual Time Of Death Approximate Time of Death Presumed Time of Death Time Found On Unknown Time of Death
Was Medical Examiner Contacted?: []			
Save Undo Previous Next			

[EDUDED](#)

Save the information and navigate to the next screen. This will navigate you to the CAUSE OF DEATH SCREEN

3.4. CAUSE OF DEATH

Below is an illustration of the cause of death screen.

Cause of Death		Case#: 454; Decedent: GRISHAM, JOHN													
<p>NCHS Recommendations for entry of Cause of Death</p> <p>Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.</p> <p><input type="checkbox"/> Check if Cause of Death has not yet been determined or is PENDING</p> <table style="width: 100%; border: none;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;">Cause of Death</th> <th style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;">Interval between Onset and Death</th> </tr> <tr> <td style="width: 70%; vertical-align: top; padding: 5px;"> <p>Immediate Cause (Final disease or condition resulting in death)</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div> </td> <td style="width: 30%; vertical-align: top; padding: 5px;"> <div style="border: 1px solid #ccc; height: 30px;"></div> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p>Due or as a consequence of</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div> </td> <td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid #ccc; height: 30px;"></div> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p>Due or as a consequence of</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div> </td> <td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid #ccc; height: 30px;"></div> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p>Due or as a consequence of</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div> </td> <td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid #ccc; height: 30px;"></div> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <p>Other Significant Conditions</p> <div style="border: 1px solid #ccc; height: 60px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 240 Characters Left: 240</div> </td> <td></td> </tr> </table>			Cause of Death		Interval between Onset and Death	<p>Immediate Cause (Final disease or condition resulting in death)</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div>	<div style="border: 1px solid #ccc; height: 30px;"></div>	<p>Due or as a consequence of</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div>	<div style="border: 1px solid #ccc; height: 30px;"></div>	<p>Due or as a consequence of</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div>	<div style="border: 1px solid #ccc; height: 30px;"></div>	<p>Due or as a consequence of</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 120 Characters Left: 120</div>	<div style="border: 1px solid #ccc; height: 30px;"></div>	<p>Other Significant Conditions</p> <div style="border: 1px solid #ccc; height: 60px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: 0.8em; color: #666;">Maximum Text Length: 240 Characters Left: 240</div>	
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<div style="display: flex; justify-content: space-around; align-items: center;"> Save Undo Previous Next </div>															

- For pending cause of death, check the pending checkbox. This will populate all cause of death lines with the word "PENDING" unchecking the checkbox will remove the word PENDING.

☒ Check if Cause of Death has not yet been determined or is PENDING

	Cause of Death
Line(a)	Immediate Cause (Final disease or condition resulting in death) PENDING
Line(b)	Due or as a consequence of PENDING
Line(c)	Due or as a consequence of PENDING
Line(d)	Due or as a consequence of PENDING
Other Significant Conditions	

3.4.1. VIEWS (CDC) CAUSE OF DEATH VALIDATION

- Misspelling a cause of death (medical term) will give you a warning in sync with the web service provided by the Center for Disease Control (CDC). (See illustration below, *TUBERCULOSIS* has been misspelled as *T.U.B.E.R.C.L.O.S.I.S*)

The Center for Disease Control (CDC) ran a check on the cause of death that you have entered, and recommended some changes. Please point or click your mouse at the text in RED inside or below the Cause of Death fields to learn more.

Changes are saved successfully. !

[NCHS Recommendations for entry of Cause of Death](#)
Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

☐ Check if Cause of Death has not yet been determined or is PENDING

Cause of Death		Interval between Onset and Death
Line(a) Immediate Cause (Final disease or condition resulting in death) tuberclosis	Maximum Text Length: 120 Characters Left: 109	
Line(b) Due or as a consequence of	Maximum Text Length: 120 Characters Left: 120	
Line(c) Due or as a consequence of	Maximum Text Length: 120 Characters Left: 120	
Line(d) Due or as a consequence of	Maximum Text Length: 120 Characters Left: 120	
Other Significant Conditions		
Maximum Text Length: 240 Characters Left: 240		

Save Undo Previous Next

- Hover your mouse over the misspelled word to get a recommendation from this CDC web service and click on the appropriate recommendation to rectify the mistake.

The Center for Disease Control (CDC) ran a check on the cause of death that you have entered, and recommended some changes. Please point or click your mouse at the text in RED inside or below the Cause of Death fields to learn more.

Changes are saved successfully. !

[NCHS Recommendations for entry of Cause of Death](#)
Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on a line.

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Line(d) Due or as a consequence of	Maximum Text Length: 120 Characters Left: 120	
Other Significant Conditions		
Maximum Text Length: 240 Characters Left: 240		

Save Undo Previous Next

NOTE – MLDIs are not required to enter the Cause of Death, but may do so as directed by their respective sites.

STEP 10

3.4.2. OTHER FACTORS

The next screen would be the other factors screen where you may enter the following information about the decedent – Autopsy information, tobacco usage, pregnancy status, external factors to cause of death and manner of death.

Other Factors				Case#: 454; Decedent: JOHN, GRISHAM	
Was an autopsy performed?				<input type="text"/>	
Were autopsy findings available prior to completion of the cause of death?				<input type="text"/>	
Did tobacco use contribute to death?				<input type="text"/>	
If decedent was FEMALE, enter the pregnancy status				<input type="text"/>	
External factor to cause of death				<input type="text"/>	
Manner of Death:				<input type="text"/>	
Date of Injury: (mm/dd/yyyy)		Check If Unknown: <input type="checkbox"/>	Time of Injury: <input type="text"/>	Check If Unknown: <input type="checkbox"/>	Injury at Work? <input type="text"/>
Place of Injury: <input type="text"/>		Specify if Not in the List: <input type="text"/>		Injury Description: <input type="text"/>	
If Transportation Injury, Specify: <input type="text"/>		Other Specify: <input type="text"/>			
Location of Injury <input type="radio"/> Complete US Address <input type="radio"/> Partial US Address <input type="radio"/> Foreign Countries					
Street Number: <input type="text"/>	Pre-Directional: <input type="text"/>	Street Name: <input type="text"/>	Street Suffix: <input type="text"/>	Post-Directional: <input type="text"/>	Apt # <input type="text"/>
Zip Code: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Postal County: <input type="text"/>	County (if other than postal): <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Undo"/> <input type="button" value="Previous"/> <input type="button" value="Next"/>					

If an autopsy was not performed, the question relating to autopsy findings will be disabled (denoted by a light gray arrow for the dropdown list).

Was an autopsy performed?	<input type="text"/>
Were autopsy findings available prior to completion of the cause of death?	<input type="text"/>

If the decedent was a male, the pregnancy question will be disabled (denoted by a light gray arrow for the dropdown list).

If decedent was FEMALE, enter the pregnancy status	<input type="text"/>
--	----------------------

One of the following manners of death must be selected

<input type="text"/>
Natural Causes
Accident
Suicide
Homicide
Undetermined
Pending

You must enter the injury information if the Manner of Death is selected as anything other than NATURAL. If you select NATURAL, as the manner of death, the injury fields will be disabled – *denoted by grayed out textboxes. (illustration below)*

Manner of Death: Natural Causes

Date of Injury: <input type="text"/> (mm/dd/yyyy)	Check If Unknown: <input type="checkbox"/>	Time of Injury: <input type="text"/>	Check If Unknown: <input type="checkbox"/>	Injury at Work? <input type="checkbox"/>
Place of Injury: <input type="text"/>		Specify if Not in the List: <input type="text"/>		Injury Description: <div style="border: 1px solid black; height: 40px;"></div>
If Transportation Injury, Specify: <input type="text"/>		Other Specify: <input type="text"/>		

Location of Injury

☒ Complete US Address ☐ Partial US Address ☐ Foreign Countries

Street Number: <input type="text"/>	Pre-Directional: <input type="text"/>	Street Name: <input type="text"/>	Street Suffix: <input type="text"/>	Post-Directional: <input type="text"/>	Apt # <input type="text"/>
Zip Code: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Postal County: <input type="text"/>	County (if other than postal): <input type="text"/>	

Save
Undo
Previous
Next

Enter and save all pertinent information.

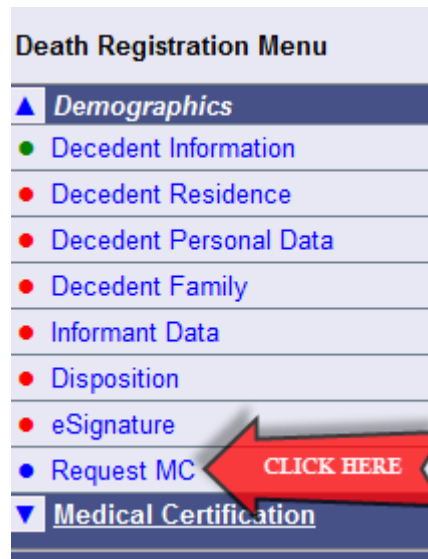
If you are an MLDI creating the case, the NEXT Button will be disabled. If you are a Medical Examiner creating the case or entering information on the OTHER FACTORS screen, the NEXT button will be enabled.

This completes the process of **creating** a case in the System. The next step for an MLDI would be to request medical certification by an ME by assigning the case to the respective pool of MEs

4. REQUESTING MEDICAL CERTIFICATION

- Once a user has created a case in the EDRS, you may, as a MLDI or an ME request Medical Certification by a Medical Examiner / Pathologist / LME / Fellow.

- Begin by clicking on the REQUEST MC link in the left navigation bar. You may need to expand the demographics grouping in case you cannot see the REQUEST MC Link.



- The following screen will appear for you to select whether you are transferring the case to an ME or an LME. Also, by clicking the check box, you may indicate that which district this case is being assigned to. These options will be enabled or disabled based on the selection you made in [STEP 4](#) during case creation.

SELECT A MEDICAL EXAMINER

☐ Check here if the case will be assigned to a district other than yours

☒ ASSIGN CASE TO THE MEDICAL EXAMINER'S OFFICE

☐ ASSIGN CASE TO A LOCAL MEDICAL EXAMINER (Search for Medical Examiner)

Submit

- Make the appropriate / desired selection Click on the SUBMIT Button to continue requesting medical certification.

5. MEDICAL CERTIFICATION (DIGITAL SIGNATURE)

5.1. ACCEPTING A CASE

- As a medical examiner, prior to completing medical certification, you would need to assume ownership of the case. Select your desired case from the Active Cases list by clicking on the CASE ID hyperlink. (illustration below)

Death Registration Menu

▼ Demographics

▼ Medical Certification

● Place of Death

● Determination of Death

● Cause of Death

● Other Factors

● Certification

● Assign to Funeral Home

● Case Validation

● Case Summary

● Case Comments

● Case Events

● Preview Certificate

● Create/Print Forms

Case Summary

Case#: 454; Decedent: JOHN, GRISHAM

Recent Active Cases (OCME_ME, OCME_DIS)

OCME District Cases

Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
454	RB - OCME	JOHN, GRISHAM	MALE	03/19/1981	05/05/2014	OCME - CENTRAL DISTRICT	Medical Certification Requested
384	RB - OCME	ANNE, BOLEYN	FEMALE		04/24/2014	A.L. BENNETT & SON FUNERAL HOME, INC.	Personal Information Sign - Requested
383	RB - OCME	DAYE, LONG	FEMALE		04/24/2014	CENT_ME_1 (OCME - CENTRAL DISTRICT)	Medical Certification In-progress
365	RB - OCME	JACKIE, SMITH	FEMALE	05/31/1926	01/01/2014	VIRGINIA STATE ANATOMICAL PROGRAM	Personal Information Completion In-progress
324	RB - Other Dist OCME	MARTHA, JONES	FEMALE		01/01/2014	OCME - CENTRAL DISTRICT	Dropped to Paper
292	RB - Other Dist OCME	PIG, PEN	MALE		04/15/2014	OCME - TIDEWATER DISTRICT	Medical Certification Requested
290	RB - OCME	PEPPERMINT, PATTY	FEMALE		04/15/2014	HAMLAR-CURTIS FUNERAL HOME, INC.	Personal Information Completion In-progress
283	RB - Other Dist OCME	SANSA, STARK, JONES	FEMALE		04/15/2014	OCME - NORTHERN DISTRICT	Medical Certification Requested
268	RB - OCME	IRON, MANN	MALE		04/13/2014	SMITH, O. H. & SON FUNERAL HOME, INC.	Personal Information Completion In-progress
267	RB - OCME	MARCO, SMITH	MALE		04/15/2014	WOODY (CENTRAL) FUNERAL HOME	Personal Information Sign - Requested

1 - 10 of 54 Click Active Cases for Complete list

- Click on the ACCEPT CASE link at the top of the page.

Death Registration Menu	Case Summary	Case#: 454; Decedent: JOHN, GRISHAM																																																				
<ul style="list-style-type: none"> Demographics Medical Certification <ul style="list-style-type: none"> Place of Death Determination of Death Cause of Death Other Factors Certification Assign to Funeral Home Case Validation Case Summary Case Comments Case Events Preview Certificate Create/Print Forms EDRS Menu Logout 	<div>Accept Case</div> <div>Case Type</div> <table> <tr> <td>Case Type</td><td>Red Border - OCME</td><td>Created By</td><td>OCME - CENTRAL DISTRICT</td></tr> <tr> <td>Is this Case for Other District?</td><td>No</td><td>Is decedent body viewed at District?</td><td>Not Applicable</td></tr> </table> <div>Status Details</div> <table> <tr> <td>Case Id:</td><td>454</td><td>Signed By:</td><td></td></tr> <tr> <td>Demographics Status:</td><td>Pending</td><td>Certified By:</td><td></td></tr> <tr> <td>Medical Certification Status:</td><td>Case awaiting ownership</td><td>Owned By:</td><td>OCME - CENTRAL DISTRICT</td></tr> <tr> <td>Current Status:</td><td>Medical Certification Requested</td><td>Funeral Home:</td><td></td></tr> <tr> <td>SSN Verification Status:</td><td>TBD</td><td>Date Last Modified:</td><td>07/25/2014 01:31:55 PM</td></tr> <tr> <td>Date Created:</td><td>07/13/2014 02:04:13 PM</td><td></td><td></td></tr> </table> <div>Demographics</div> <table> <tr> <td>Name:</td><td>JOHN, GRISHAM</td><td>Gender:</td><td>MALE</td></tr> <tr> <td>Age:</td><td>33 Years</td><td>Place of Birth:</td><td>Virginia</td></tr> <tr> <td>Date of Death:</td><td>05/05/2014 00:00:00 AM</td><td>Date of Birth:</td><td>03/19/1981 00:00:00 AM</td></tr> <tr> <td>Decedent ever in Armed Forces ?:</td><td>NO</td><td>Social Security Number:</td><td>None</td></tr> <tr> <td>Residence Address</td><td></td><td></td><td></td></tr> </table>	Case Type	Red Border - OCME	Created By	OCME - CENTRAL DISTRICT	Is this Case for Other District?	No	Is decedent body viewed at District?	Not Applicable	Case Id:	454	Signed By:		Demographics Status:	Pending	Certified By:		Medical Certification Status:	Case awaiting ownership	Owned By:	OCME - CENTRAL DISTRICT	Current Status:	Medical Certification Requested	Funeral Home:		SSN Verification Status:	TBD	Date Last Modified:	07/25/2014 01:31:55 PM	Date Created:	07/13/2014 02:04:13 PM			Name:	JOHN, GRISHAM	Gender:	MALE	Age:	33 Years	Place of Birth:	Virginia	Date of Death:	05/05/2014 00:00:00 AM	Date of Birth:	03/19/1981 00:00:00 AM	Decedent ever in Armed Forces ?:	NO	Social Security Number:	None	Residence Address				<div>Back to List</div> <div>Case History</div>
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- On the next page, click on the ACCEPT button at the bottom of the page.

Accept the Case Ownership

Notification

To OCME - CENTRAL DISTRICT

Subject Case No. 454 has been accepted by OCME - CENTRAL DISTRICT

Case No. 454 for JOHN, GRISHAM has been accepted by OCME - CENTRAL DISTRICT. Please view your active cases list to monitor the most recent status of this case.

Back to Case Summary

Accept

CLICK HERE

A confirmation message will appear on the next screen.

Accept Case Case#: 454; Decedent: JOHN, GRISHAM

CONFIRMATION

Case has been accepted and ownership belongs to you.

EDVNT2

Click on the CERTIFICATION link in the left navigation bar. This will display a screen where you may perform digital signatures to the case.

Death Registration Menu

- ▼ Demographics
- ▲ Medical Certification
 - Place of Death
 - Determination of Death
 - Cause of Death
 - Other Factors
 - Certification **CLICK HERE**
 - Assign to Funeral Home

5.2. DIGITAL SIGNATURES

- Below is an illustration of the Digital Signature screen.

Medical Certification	Case#: 454; Decedent: JOHN, GRISHAM
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☐ I affirm under the penalty of perjury that I am the authorized signatory whose name will appear on this certificate

You must enter your secured pin for verification to continue.

Enter Pin:	<input type="text"/>	
Re-enter Pin:	<input type="text"/>	

Note: Entering your secure PIN and clicking on Submit will electronically sign this Death Certificate. Your electronic signature is legally binding.

SubmitClearPrevious

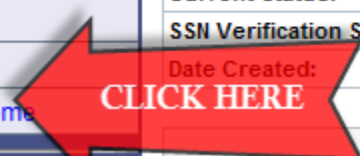
[EDIMCT](#)

- Check the acknowledgement checkbox, Enter & Re-Enter your PIN, then click on SUBMIT.
- A confirmation message will indicate that the case was successfully certified.

6. ASSIGNING A CASE TO A FUNERAL HOME

- In order to associate a funeral home with a case, begin by clicking on the ASSIGN TO FUNERAL HOME link in the left navigation bar. This link will only be activated once you have selected the case from your ACTIVE CASES list.
- The ASSIGN to funeral home link is grouped under the Medical Certification link in the left navigation bar.

Death Registration Menu	Case Summary
▼ Demographics	
▲ Medical Certification	
● Place of Death	Case Id:
● Determination of Death	Demographics Stat
● Cause of Death	Medical Certification
● Other Factors	Current Status:
● Certification	SSN Verification Sta
● Assign to Funeral Home	Date Created:



- Perform a simple search for the desired funeral home on the screen resulting from the prior step.

Death Registration Menu	Search Funeral Home	Case#: 454; Decedent: JOHN, GRISH
▼ Demographics	Search for the Funeral Homes	
▲ Medical Certification		
● Place of Death	Funeral Home Name <input type="text"/>	
● Determination of Death	City <input type="text"/>	
● Cause of Death	Zip <input type="text"/>	
● Other Factors	State <input type="text" value="Virginia"/>	
● Certification	<input type="button" value="Search Funeral Homes"/>	
● Assign to Funeral Home		
● Case Validation		
● Case Summary		
● Case Comments		
● Case Events		
● Preview Certificate		
● Create/Print Forms		
● EDRS Menu		
● Logout		

[EDQAFH](#)

- Select the desired funeral home by clicking on the SELECT button corresponding to the funeral home in the list.

List of Funeral Homes					
Funeral Home	Address	City	Zip	State	
A.L. BENNETT & SON FUNERAL HOME, INC.	200 BUTTERNUT DRIVE	FREDERICKSBURG		VA	Select
ABRAHAM APPLEWHITE AND SON'S FUNERAL HOME	540 EAST CONSTANCE ROAD P. O. BOX 679	SUFFOLK	23434	VA	Select
ACCESS TRANSPORTATION CORPORATION	ACCESS TRANSPORTATION CORPORATION 5 GIBBS COURT	HAMPTON	23664	VA	Select
ADAMS-GREEN FUNERAL HOME, LLC	721 ELDEN STREET	HERNDON	20172	VA	Select
ADEN MUSLIM FUNERAL SERVICES	1242 EASY STREET	WOODBIDGE	22191	VA	Select
ADVENT FUNERAL AND CREMATION SERVICES	7211 LEE HIGHWAY	FALLS CHURCH	22046	VA	Select
ALFIRDAUS JINNAZA SERVICES, LLC	7903 HILL PARK, #8	LORTON	22079	VA	Select
ALL BLESSED SERVICES, LLC	1205 HOLLY STREET	FALMOUTH	22405	VA	Select
ALL NATIONS TRANSPORTATION AND REMOVAL	6676 CLARKES MEADOW DRIVE	BEALETON	22712	VA	Select

- Confirm this association on the next page by clicking on the ASSIGN FUNERAL HOME button

Demographics Certifier Assignment		Case#: 454; Decedent: JOHN, GRISHAM
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DEMOGRAPHICS CERTIFIER ASSIGNMENT

Facility Name: ANGEL WINGS Address: 955 KINGSWAY ROAD RICHMOND VA23225 Demographics yet to assign or pending.	Name: Pending (Facility) Title: Phone:
--	---

Back to List
Assign Funeral Home

Note:

- ♦ Selecting "Assign Funeral Home" will associate the above mentioned Funeral Home to this case.
- ♦ Selecting "Transfer to Funeral Home" will associate the above mentioned Funeral Home with this case and also transfer ownership of this case to the Funeral Home mentioned above.
- ♦ If you know about both the LME and the Funeral Home working on this case, it is better to associate both entities to the case before transferring the case to one of them. Once either of those entities have certified their portion of the Death Certificate, the case will be automatically be transferred to the other entity by the system. For example - Once the Funeral Home has certified the demographic information for the decedent, the case will automatically be transferred to the selected LME.
- ♦ Alternately, You may transfer the case either to an LME or to a Funeral Home. Once the receiving party has completed their portion of the death certificate, you will be required to transfer the case to the other party. In a case where you have transferred the case to an LME, you must coordinate the transfer of the case to the Funeral Home with the LME. Either a Medico Legal Investigator or an LME may transfer the case to a Funeral Home.

[EDIAFH](#)

7. RELEASE DECEDENT

This process ensures that the Death Certificate is not released to a funeral home prior to them having taken possession of the decedent's body.

STEP 1 - To begin, click on the RELEASE DECEDENT link in the left navigation bar



STEP 2 -The Resulting screen would be a searchable list of cases where the death certificates are awaiting release to a funeral home.

Decedent Search Results - Release Decedent

Case ID: Creation Date: To (mm/dd/yyyy)

Decedent

First Name: Middle Name:

Last Name: Maiden Name:

Date of Birth: (mm/dd/yyyy) Date of Death: (mm/dd/yyyy)

Social Security Number: - - County of Death:

Cases Ready for Releasing Decedent							
Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
454	RB - OCME	JOHN, GRISHAM	MALE	03/19/1981	05/05/2014	CENT_ME_1 (OCME - CENTRAL DISTRICT)	Medical Information Certified

Your search returned 1 records. Records 1 through 1 are displayed.

STEP 3 -Select your case by clicking on the CASE ID hyperlink.

Cases Ready for Releasing Decedent							
Case ID	Case Type	Decedent Name [First,Middle,Last]	Gender	DOB	DOD	Current Owner	Status
454	RB - OCME	JOHN, GRISHAM	MALE	03/19/1981	05/05/2014	CENT_ME_1 (OCME - CENTRAL DISTRICT)	Medical Information Certified

Your search returned 1 records. Records 1 through 1 are displayed.

STEP 4 –

Click on the TRANSFER CASE button to transfer the case to the Funeral home

The name and address of the Funeral Home will be pre-populated based on the Assign to Funeral Home step performed earlier. You may select a different facility by clicking on the blue “L”

Release Decedent

Case ID:	454
Decedent Name:	JOHN, GRISHAM
Date of Birth:	03/19/1981
Place of Birth:	Virginia
Date of Death:	05/05/2014

Facility:	ACCESS TRANSPORTATION CORPORATION L
Address Details:	ACCESS TRANSPORTATION CORPORATION 5 GIBBS COURT HAMPTON VA 23664

[Transfer Case](#) [Drop To Paper](#) [Back to List](#)


A confirmation message will indicate successful transfer to the funeral home.

8. DROP TO PAPER

Once a case has been certified by the medical examiner and needs to be transferred to the funeral home, you may realize that the funeral home is not a participant in the EDRS. The DROP to PAPER function will enable you to print a copy of the electronically created Death Certificate and provide the certificate to the funeral home.

- **STEP 1-** To begin, navigate to the desired record's CASE SUMMARY by clicking on the link in the left navigation bar.

Death Registration Menu	Case Summary
▼ Demographics	
▼ Medical Certification	Drop to Paper
● Place of Death	
● Determination of Death	Case Type
● Cause of Death	Is this Case
● Other Factors	
● Certification	Case Id:
● Assign to FH/VSAP	Demograph
	Medical Cer
● Case Validation	Current Sta
● Case Summary	Can Certifica
● Case Comments	Date Create
● Case Events	



- **STEP 2-** Click on the DROP to PAPER link at the top of the page to print the Death Certificate. The EDRS will guide you through two more pages where you would be required to SUBMIT.

Death Registration Menu	Case Summary	Case#: 377; Decedent: JANE, DO
▼ Demographics	Drop to Paper	Back to List Case History
▼ Medical Certification		
● Place of Death		
● Determination of Death		
● Cause of Death		
● Other Factors		
● Certification		
● Assign to FH/VSAP		
● Case Validation		
● Case Summary		
● Case Comments		
● Case Events		
● Preview Certificate		
● Create/Print Forms		
● EDRS Menu		

Case Type			
Case Type	Red Border - OCME	Created By	OCME - TIDEWATER DISTRICT
Is this Case for Other District?	No	Is decedent body viewed at District?	Not Applicable

Status Details			
Case Id:	377	Signed By:	
Demographics Status:	Pending	Certified By:	TIDE_ME_1, TIDE_ME_1
Medical Certification Status:	Certified (Completed)	Owned By:	OCME - TIDEWATER DISTRICT
Current Status:	Medical Information Certified	Funeral Home:	
SSN Verification Status:	TBD	Date Last Modified:	07/28/2014 10:51:09 AM
Date Created:	04/21/2014 06:22:51 AM		

Demographics			
Decedent			
Name:	JANE, DOE	Gender:	FEMALE
Age:		Place of Birth:	
Date of Death:	04/21/2014 00:00:00 AM	Date of Birth:	

9. E-AMENDMENTS

Amendments may be created and requested electronically by the Medical Examiners. If any Medical Examiner wishes their administrative staff to perform this function, they may request that person be given a role to perform E-Amendments.

STEP 1 – begin by clicking on the E-AMENDMENTS link in the left navigation bar.



The resulting screen will be a list of Active amendments.
NOTE – if you are a ME trying to sign an amendment created by your office, this amendment would appear in the ACTIVE CASES list for you to select and sign.

STEP 2 - To create a new amendment, click on the NEW link in the left navigation bar



STEP 3 – Perform a search for the desired case.

STEP 4 – From the search results, select the desired case by clicking on the respective certificate number hyperlink. Make sure that the status of the case says, “READY TO AMEND”.

Certificate No	Case ID	Case Type	Decedent Name (First,Middle,Last)	Gender	Date of Birth	Date of Death	Status
2000000002	411	Green Border	JOHN, EDWARD, SMITH	MALE	07/29/1950	07/29/2000	E-Amendment(Demographics) Pending with DVR
2010000001	427	Green Border	JOSEPH, JOE, SMITH	MALE	10/21/1999	02/21/2010	E-Amendment(Demographics) Pending with DVR
2012281282	438	Green Border	KIM, LISA, SMITH	FEMALE	01/01/1956	05/16/2012	E-Amendment(Demographics) Pending with DVR
2013000009	399	Green Border	JANE, BERTHA, SMITH	FEMALE		12/05/2013	E-Amendment(Demographics) Pending with DVR
2013015121	575	Green Border	JOHN, S, SMITH	MALE	01/01/1901	07/11/2013	Ready to Amend
2013333006	55	Red Border - OCME	MARY, ANN, SMITH	FEMALE	03/18/1974	06/05/2013	E-Amendment(Medical) Pending
2013333006	55	Red Border - OCME	MARY, ANN, SMITH	FEMALE	03/18/1974	06/05/2013	E-Amendment(Demographics) Pending with DVR
2014000005	388	Green Border	SMITH	FEMALE		05/05/2014	Ready to Amend
2014000070	223	Red Border - OCME	WANDA, SMITH	FEMALE	05/04/1960	04/01/2014	E-Amendment(Demographics) Pending
2014000080	436	Green Border	JOHN, ERIC, SMITH	MALE	03/09/1949	07/02/2014	E-Amendment(Demographics) Pending with DVR

Your search returned 17 records. Records 1 through 10 are displayed.

[New Query](#) [Next 10 Records=>](#)

[EDLEME](#)

- **STEP 5** – The resulting page will display editable fields for some basic decedent Demographics and also fields for Medical Information. Make changes to the desired information on the page displayed below.

1. Amend Data		2. Review Data Changes		3. Certify & Submit Amendment		4. Confirmation	
---------------	--	------------------------	--	-------------------------------	--	-----------------	--

Decedent Information

Certificate Number:	First Name:	Middle Name:	Last Name:	Suffix	Gender:
2013 015121	JOHN	S	SMITH		MALE
Certificate Type:	Date of Death:	Date of Death Modifier:	Time of Death:	Time of Death Modifier:	
Green Border	07/11/2013		12:00 AM		

Cause of Death

Line(a)	Immediate Cause (Final disease or condition resulting in death) cardiac arrest	Interval between Onset and Death
Line(b)	Due or as a consequence of	
Line(c)	Due or as a consequence of	
Line(d)	Due or as a consequence of	
	Other Significant Conditions	

Other Factors

Was Medical Examiner Contacted?: NO	Was an autopsy performed?: NO	Were autopsy findings available prior to completion of the cause of death?: NO
Did tobacco use contribute to death?: No	If decedent was FEMALE, enter the pregnancy status: 	
External factor to cause of death: Primary	Military Death: 	Manner of Death: Natural Causes

Injury Details

Date of Injury(mm/dd/yyyy): 	If Unknown: <input type="checkbox"/>	Time of Injury: 	If Unknown: <input type="checkbox"/>	Injury at Work? <input type="checkbox"/>
Place of Injury: 	Specify if Not in the List: 		Injury Description: 	
If Transportation Injury, Specify: 	Other Specify: 			

Location of Injury

Address Type: 	Street Address: 	Country: 	Zip Code:
City: 	County: 	State: 	Home County:

Certifier

Name: STMARY_PH_1, STMARY_PH_1	Title: 	Other Title: 	Signed Date: 07/18/2014
Address Type: Complete	Street Address: 5801 BREMO ROAD	Zip Code: 23226	City: RICHMOND
County: HENRICO COUNTY	State: VIRGINIA	Home County: 	License No:

Designee Physician Name:

Address Type: 	Street Address: 	Zip Code: 	City:
County: 	State: 	Home County: 	

Save
Undo
Next>>

[EDIEME](#)

- Save the above information then click on NEXT.

- **STEP 6** – The resulting page will show a consolidated list of Amendments that you made. Click on the next button to proceed

Electronic Amendment

1. Amend Data **2. Review Data Changes** 3. Certify & Submit Amendment 4. Confirmation

List of Item Changes For Amendment			
Item Description	Information on the Original Certificate	Information Requested for Change	Remove
Cause of Death Line (a)	cardiac arrest	pulmonary cardiac arrest	<input type="checkbox"/>

Save Undo << Prev Next >>

[EDUEA2](#)

NOTE – The next screen is for you to review the changes made. You do not need to click save. If you would like to remove any of the amendments from this list, check the corresponding remove checkbox, and click on save. (*See Illustration below*) This will delete the respective amendment from the list and revert the item back to the original value.

Electronic Amendment

1. Amend Data **2. Review Data Changes** 3. Certify & Submit Amendment 4. Confirmation

List of Item Changes For Amendment			
Item Description	Information on the Original Certificate	Information Requested for Change	Remove
Cause of Death Line (a)	cardiac arrest	pulmonary cardiac arrest	<input type="checkbox"/>

Save Undo << Prev Next >>

[EDUEA2](#)

- **STEP 7** – Perform digital signatures ([as shown in section 5.2](#)) on the case and submit the case. A confirmation message will indicate that the amendment was successfully submitted to Vital Records for approval.
- **STEP 8** – You may generate a printable amendment report by clicking on the “**here**” link in the success message.

Confirmation

Amendment Request has been successfully submitted. Please click [here](#) to print report

[EDVEA5](#)

- Below is a sample of what the Additional Information report would look like

[Print](#)

This report has been digitally signed by Nort_Lme_1 Nort_Lme_1 and has been electronically submitted to Vital Records for approval. Vital Records does not require you to send this report signed via mail. However you may print this report for your own records.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
RICHMOND, VIRGINIA

VA-EDRS AMENDMENTS ADDITIONAL INFORMATION REPORT

Case ID: 152
Decedent Name: SUSPICIOUS, CHARACTER
Date Created: 10/30/2013

Certificate No: 2013333010
Date of Death: 10/09/2013

Item Description	Information on the Original Certificate	Information for Amendment
Cause of Death Line (a)	blunt force trauma to head and chest.	blunt force trauma to head, chest, and extremities

Digitally Signed by NORT_LME_1 NORT_LME_1

Address OCME - NORTHERN DISTRICT
10859 PYRAMID PL, SUITE 121 MANASSAS VA 20110
MANASSAS, VA - 20110

10. CREMATION APPROVAL

A funeral home may request approval of a cremation certificate from the Medical Examiners. These requests shall be consolidated under the CREMATION APPROVALS list.

- **STEP 1-** To begin, click on the CREMATION APPROVAL Link in the left navigation from the EDRS home page.



- **STEP 2 -** The resulting screen will consist of a list of cremation clearance requests. You may search for a desired case if the list is long enough to extend further than one page. Click on the CASE ID of the desired case to continue.

Cremation Approval List

Permit ID: Permit Request Date: To (mm/dd/yyyy)

Case ID: Case Creation Date: To (mm/dd/yyyy)

Decedent

First Name: Middle Name:

Last Name: Maiden Name:

Date of Birth: (mm/dd/yyyy) Date of Death: (mm/dd/yyyy)

Permit Status:

Awaiting Cremation Approval								
Case ID	Permit ID	Decedent Name	Case Type	Gender	DOB	DOD	Request Type	Status
436	256	SMITH, JOHN ERIC	Green Border	MALE	03/09/1949	07/02/2014	Cremation Certificate	Awaiting Approval

Your search returned 1 records. Records 1 through 1 are displayed.

[EDLCCA](#)

- STEP 3 – On the resulting page, click on the APPROVE CREMATION link at the top of the page.

Case Summary			
Preview Certificate Approve Cremation Referral to OCME Back to List Case History			
Case Type			
Case Type	Green Border	Created By	CHINN FUNERAL SERVICE
Is this Case for Other District?	Not Applicable	Is decedent body viewed at District?	Not Applicable
Status Details			
Case Id:	433	State File No:	2014000080
Demographics Status:	Signed (Completed)	Signed By:	ROBERT, BAKER
Medical Certification Status:	Certified (Completed)	Certified By:	STMARY_PH_1, STMARY_PH_1
Current Status:	State File Number Assigned	Owned By:	VITAL RECORDS
SSN Verification Status:	TBD	Funeral Home:	CHINN FUNERAL SERVICE
Date Created:	07/10/2014 01:06:24 PM	Date Last Modified:	
Demographics			
Decedent			
Name:	JOHN, ERIC, SMITH	Gender:	MALE
Age:	65 Years	Place of Birth:	Washington
Date of Death:	07/02/2014 00:00:00 AM	Date of Birth:	03/09/1949 00:00:00 AM
Decedent ever in Armed Forces ?:	NO	Social Security Number:	Unknown
Residence Address			
Address:	201 N 22ND ST ARLINGTON VIRGINIA 22205		
Decedent Personal Data			
Race:	White Black Amer_ind_or_alaskan(MASSOPONAL-)	Hispanic Origin:	NON-HISPANIC
Education:	15-Bachelor's Degree	Country of Citizenship:	

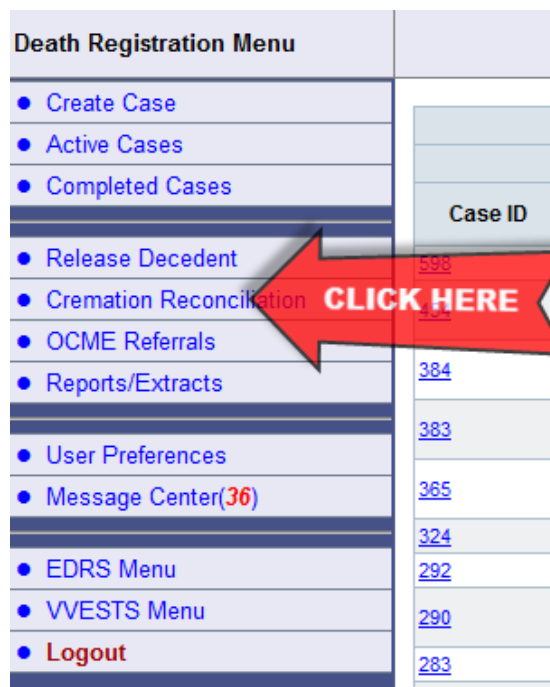
- STEP 4 – Enter the date viewed by the medical examiner, and digitally sign the case ([as seen in section 5.2](#)) then click on approve. A success message will indicate successful approval.

Approve - Cremation Request			
Requester Details			
Funeral Home/Facility:	CHINN FUNERAL SERVICE		
Address:	2605 S SHIRLINGTON ROAD ARLINGTON VIRGINIA 22206		
Decedent Details			
First Name:	JOHN	Middle Name:	ERIC
Last Name:	SMITH	Maiden Name:	
Age:	65 Years	Date Of Death:	07/02/2014
Gender:	MALE		
Decedent Race			
<input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input checked="" type="checkbox"/> American Indian Or Alaska Native <input type="checkbox"/> Oth.Asian Or Pac.Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input type="checkbox"/> Unknown			
Cause Of Death			
Line(a):	PENDING		
Line(b):	PENDING		
Line(c):	PENDING		
Line(d):	PENDING		
Date viewed by the examiner:	<input type="text"/> (mm/dd/yyyy)		
<input type="checkbox"/> I affirm under the penalty of perjury that I am the authorized signatory whose name will appear on this certificate			
Enter Pin:	<input type="text"/>		
Re-enter Pin:	<input type="text"/>		
Note: Entering your secure PIN and clicking on Submit will electronically sign this Death Permit. Your electronic signature is legally binding.			
Status			
Status:	Waiting for Approval		
<input type="button" value="Approve"/> <input type="button" value="Undo"/> <input type="button" value="Back to List"/> <input type="button" value="Print Preview"/>			

11. CREMATION RECONCILIATION

If a LME has MANUALLY signed a cremation certificate, the OCME will receive a copy of the same. It is the responsibility of the OCME to account for these manual cremation certificates in the system. The CREMATION RECONCILIATION function will fulfill this accounting.

- **STEP 1-** To begin, click on the CREMATION RECONCILIATION Link in the left navigation from the EDRS home page.



- **STEP 2** – The resulting page shall display a list of decedents, for which the Funeral Homes may have printed the cremation certificates for manual signature. Select your desired case from this list by clicking on the SELECT button corresponding to the case.

Cremation Reconciliation							
Cremation Certificate Reconciliation							
Case ID	Case Type	Decedent Name	Gender	Date of Death	Request Last Printed	Status	Select
153	RB - LME	ALPHA, OMEGA	FEMALE	01/01/1990	04/17/2014	Awaiting Signature Verification	Select
80	RB - LME (View at Dist)	CHAI, LATTE	FEMALE	06/07/2013	04/17/2014	Awaiting Signature Verification	Select
140	RB - OCME	RUG, RAT	MALE	06/12/2013	04/17/2014	Awaiting Signature Verification	Select
99	RB - LME (View at Dist)	JANIS, SASSER	FEMALE	06/12/2000	04/17/2014	Awaiting Signature Verification	Select
404	Green Border	MARY, ANN, JONES	FEMALE	07/08/2014	07/08/2014	Awaiting Signature Verification	Select
409	Green Border	JOHN, SIMM	MALE	02/15/2005	07/08/2014	Awaiting Signature Verification	Select
416	Green Border	CLIFTON, CARLOS, HUMBLE	MALE	02/01/1997	07/09/2014	Awaiting Signature Verification	Select
418	Green Border	JANE, DOE	FEMALE	01/31/2014	07/09/2014	Awaiting Signature Verification	Select
434	Green Border	IAN, JOHN, MCALLISTER	MALE	07/05/2014	07/10/2014	Awaiting Signature Verification	Select
444	Green Border	BARBARA, ANN, SMITH	FEMALE	06/25/2014	07/10/2014	Awaiting Signature Verification	Select
443	Green Border	JESSIE, COWBOY, JAMES	MALE	07/09/2014	07/10/2014	Awaiting Signature Verification	Select
454	Green Border	JOHN, JAMES, JONES	MALE	07/08/2014	07/15/2014	Awaiting Signature Verification	Select

- **STEP 3** – On the resulting page, enter the date signed, i.e. the date the LME signed the cremation certificate and click on the verify signature button. A success message will indicate successful reconciliation.

Cremation Reconciliation - Signature Verification

Requester Details			
Funeral Home:	WOODY(WEST END) FUNERAL HOME	Request Created:	04/17/2014
Address:	1020 HUGUENOT ROAD MIDLOTHIAN VIRGINIA 23113	Request Last Printed:	04/17/2014
Decedent Details			
First Name:	RUG	Middle Name:	
Last Name:	RAT	Maiden Name:	
Age:	3 Years	Date Of Death:	06/12/2013
Gender:	MALE		
Decedent Race			
<input type="checkbox"/> White <input type="checkbox"/> Black Or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian Or Chamorro <input type="checkbox"/> American Indian Or Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other Asian Specify <input type="checkbox"/> Other Pacific Islander Specify <input type="checkbox"/> Other Specify <input checked="" type="checkbox"/> Unknown			
Medical Examiner			
Name of Medical Examiner:	CENT_LME_1; CENT_LME_1		
Medical Examiner's Facility:	400 E JACKSON ST. RICHMOND VA 23219		
Date Signed:	<input type="text"/> (mm/dd/yyyy)		
Status			
Status:	Request awaiting Manual Signature Verification		
<input type="button" value="Verify Signature"/> <input type="button" value="Undo"/> <input type="button" value="Back to List"/>			

[EDUCSV](#)

12.OCME REFERRALS

Green border death certificates may get referred to the OCME when a physician attempts to sign the death certificate with a cause of death, which indicates that it may need to be a red border certificate. These cases get compiled under the OCME referrals list.

- **STEP 1-** To begin, click on the OCME REFERRALS Link in the left navigation from the EDRS home page.

Death Registration Menu	
• Create Case	
• Active Cases	
• Completed Cases	
	Case ID
• Release Decedent	598
• Cremation Reconciliation	454
• OCME Referrals	384
• Reports/Extracts	
	383
• User Preferences	
• Message Center(36)	365
	324
• EDRS Menu	292
• VVESTS Menu	290
• Logout	283



- OCME Referrals may consist of

- Cause of death referrals
- Cremation referrals

The process to handle either of the above is the same

Death Registration Menu	
• Cause of Death Referrals	Medical Examiner Refer
• Cremation Referrals	
• EDRS Menu	
• Logout	

- STEP 3 – Click on the Cause of Death Referrals link. The resulting page will display a list of cases which the EDRS has referred to the OCME. Select the desired case by clicking on the CASE ID hyperlink corresponding to the case.

OCME Cause Of Death Referral - Case Search Results

Case ID: Creation Date: To (mm/dd/yyyy)

Decedent

First Name: Middle Name:

Last Name: Maiden Name:

Date of Birth: (mm/dd/yyyy) Date of Death: (mm/dd/yyyy)

Social Security Number: - - County of Death:

Case Status:

Decedent Cases						
Case ID	Case Type	Decedent Name	Gender	DOB	DOD	Status
176	Red Border - OCME	ALI,HAJI	MALE	06/21/2000	08/12/2013	OCME Referral (Accepted)
175	Red Border - LME	ALI,LAILA	FEMALE	07/21/1982	02/21/2013	Referred case to OCME
174	Red Border - OCME	ALI,MOHAMMAD	MALE	08/21/1975	03/30/2013	Referred case to OCME
291	Green Border	BRAVO,ALPHA	FEMALE		04/15/2014	Referred case to OCME
392	Green Border	JACKSON,MELVIN JEROME	MALE	05/15/1959	02/15/2014	OCME Referral (Accepted)
390	Green Border	KASSEM,CASEY	MALE		06/14/2014	OCME Referral (Accepted)
383	Red Border - OCME	LONG,DAYE	FEMALE		04/24/2014	Referred case to OCME
178	Red Border - OCME	RHODES,DUSTY	MALE	12/25/1968	08/18/2013	Referred case to OCME
199	Red Border - OCME	RIVERS,JOAN	FEMALE		01/30/2014	Referred case to OCME
410	Green Border	SCOTIA,NOVA	MALE	10/10/2010	07/08/2014	Referred case to OCME

Your search returned 20 records. Records 1 through 10 are displayed.

- STEP 4 – On the resulting page, enter the reason to reject if rejecting or simply accept the referral by selecting the ACCEPT REFERRAL button and clicking on SUBMIT.

Medical Examiner Cause of Death Referral

Decedent Details

First Name: ALPHA Middle Name: BRAVO
Age: Date Of Death: 04/15/ FEMALE

Medical Certification

Line(a): Narcotic overdose
Line(b):
Line(c):
Line(d):

Referred By: Inova_Da Inova_Da, Inova Fairfax Hospital
Referral Reason: Overdose(OD)intoxication(overuse)overused(abuse)abused

Response

Comments/Suggestion

☒ ACCEPT REFERRAL (as Medical Examiner Case) ☐ REFUSE REFERRAL (suggestion to rephrase the conflicting cause of death terms)

By clicking the SUBMIT button, the referral will be accepted. You must submit an E-Amendment to DVR for the requested Cause of Death changes to be made to the record.

ENTER REJECTION REASON HERE IF REJECTING THE REFERRAL

EDUMER

NOTE – To make any changes, an E-amendment would need to be submitted for this case as seen in Section 8.

13. LOCAL MEDICAL EXAMINERS

- All Local Medical Examiners enrolled in the EDRS shall have the ability to
 - Complete Medical Certification [\(Section 5\)](#)
 - Accept a case
 - Complete Medical Certification on a case
 - Approve Cremation Certificates [\(Section 10\)](#)
 - Assign a case to a Funeral Home. [\(Section 6\)](#)

If you are an LME, please refer to the appropriate sections to see how to perform each function.